

BEST AVAILABLE COPY

MULTIPLE DEPEN CLAI FEE CALCULATION SHEET (FOR USE WITH FO PTO-875)						SERIAL NO. 10 / 595279	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51	
2	1					52		
3	1					53		
4	1					54		
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6	1	1				56		
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46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	3	↓		↓	↓	TOTAL IND.	↓	
TOTAL DEP.	14	↔	↔	↔	↔	TOTAL DEP.	↔	
TOTAL CLAIMS	17	████████	████████	████████	████████	TOTAL CLAIMS	████████	